

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	
1							51		/			
2							52		/			
3							53		/			
4							54		/			
5							55		/			
6							56		/			
7							57		/			
8							58		/			
9							59		/			
10							60		/			
11							61		/			
12							62		/			
13							63		/			
14							64		/			
15							65		/			
16							66		/			
17							67		/			
18							68		/			
19							69		/			
20							70					
21							71					
22							72					
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29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37		/					87					
38		/					88					
39		/					89					
40		/					90					
41		/					91					
42		/					92					
43		/					93					
44		/					94					
45		/					95					
46		/					96					
47		/					97					
48		/					98					
49		/					99					
50		/					100					
TOTAL IND.							TOTAL IND.		/			
TOTAL DEP.							TOTAL DEP.		32			
TOTAL CLAIMS							TOTAL CLAIMS		33			